Family PACT: Client Eligibility Certification (CEC) Form Completion

This section contains instructions for completing the Client Eligibility Certification (CEC) form and includes guidelines for automated client eligibility systems.

Client Eligibility Certification (CEC) Form

Providers must use the Client Eligibility Certification (CEC) form (DHS 4461) to certify a client as eligible for Family PACT services.

The CEC is a legal document of eligibility determination and as such must be correctly completed as described in this manual in order for providers to be reimbursed for Family PACT services.

English and Spanish versions of the CEC form are included with the original shipment of the Heath Access Programs (HAP) identification cards from the Fiscal Intermediary. It is the responsibility of the provider to make copies of these forms for subsequent use.

Automated Client Eligibility Systems: Guidelines

Providers with automated systems for determining eligibility for multiple recipient programs must obtain the approval of the Office of Family Planning that all required information is obtained to verify eligibility for Family PACT, including confirmation that the client is provided all of the information and notices that are included on the CEC form.

The client must complete and sign the CEC form and the provider or designee must sign the determination of eligibility regardless of automation.

Confidentiality Requirements

Names and all information concerning the condition or circumstance of any person(s) from whom or about whom information is obtained are to be kept confidential. Notwithstanding any other provision of law, the provision of family planning services shall not require the consent of anyone other than the person who is to receive the services.

All information about personal facts and circumstances obtained by the provider shall be treated as privileged communications, shall be held confidential, and shall not be divulged without the individual's written consent, except as required by law or as may be necessary to provide emergency services to the individual, or as required by the Department of Health Services (DHS) to administer the Family PACT Program.

Information may be disclosed in summary statistical or other forms that do not identify particular individuals.

The applicant, client, their attorney or other authorized representative may inspect the client's certification records that are maintained with the provider.

Instructions for Completing the CEC

Clients complete the CEC form but may need the assistance of a representative of the provider. It is the provider's responsibility to ensure that all items on the CEC have been completed.

The front side of the CEC form contains Medi-Cal and health insurance coverage information and client demographics. The reverse side of the form is for family size, income and client self-declaration.

Social Security Number Not Required

Family PACT providers must ask for the client's Social Security Number (SSN). Providers may not deny access to family planning services if the client is unable or unwilling to provide an SSN.

Number of Live Births

The "Number of Live Births" item on the CEC must be completed by female clients only.

County of Residence

A County of Residence must be entered on the CEC. Do not use code "99" for this item. Refer to "Client Eligibility Certification Codes" on a following page in this section.

For the place of birth, the client must enter a response to one of the three items:

- "County" if in California (see following "Place of Birth" information).
- "State" if in the United States.
- "Country/Nation" if not in the United States.

(Refer to "Client Eligibility Certification Codes" on a following page in this section.)

Place of Birth

The following instructions are for completing the "County (If California)" field on the CEC: If the client was born in California, but does not know the county, enter a "99" for the county code and "05" for the state code.

Note: This field is different from the "County of Residence" field previously mentioned.

Eligibility Information: Family Size and Income

The following are instructions for reviewing the eligibility determination component on the reverse side of the CEC form.

- Client designated themselves as "self" and listed all "Basic Family Unit" members who live with them and are supported by the family income. (Refer to "Determination of Eligibility" in the *Family PACT: Provider Guidelines for Determining Client Eligibility [familypact4]* section in this manual for the definition of basic family unit.)

- Client filled in the source of income for each family member with earned or unearned income. If the client does not work for one easily identifiable employer (that is, a company), a general descriptive phrase will suffice as a response. Thus, if the client is a migrant farm worker, the place of employment could be "local farms."

- Client determined the total family size and the total gross monthly income.

- Client signed and dated the form after the provider verified that all information was completed correctly.

Eligibility Certification

Providers or their designee certify clients as eligible or ineligible for the Family PACT Program and sign and date the CEC form.

Failure to adequately certify the client, or sign and date the CEC may result in the disenrollment of the provider from the Family PACT Program.

The completed CEC must be maintained in the client's medical record by the provider agency for a period of a least four years. See the *Family PACT: Provider Record Keeping [familypact5]* section in this manual.

For additional information about ineligibility, see "Client Ineligibility," "Notice of Eligibility Determination" and "Fair Hearing" information in the *Family PACT: Provider Guidelines for Determining Client Eligibility [familypact4]* section of this manual.

State of California—Health and Human Services Agency | Department of Health Services

HEALTH ACCESS PROGRAMS
FAMILY PACT PROGRAM
CLIENT ELIGIBILITY CERTIFICATION (CEC)

Client identification number

This form is the property of the State of California, Department of Health Services, Office of Family Planning, and cannot be changed or altered.

Please ***print*** answers to all questions. The questions about your family size, income, and health care insurance are to determine if you are eligible for Family PACT Program services.

- Providers must keep a copy of this form in the client's medical record. (See PPBI, Client Eligibility Certification Form Completion Section for code determinations.)
- ***Code areas are for Provider use only.***

Do you currently receive Medi-Cal benefits or services? ☐ Yes ☐ No

Do you have a Medi-Cal Benefits Identification Card (BIC)? ☐ Yes ☐ No

BIC number	Issue date

Do you have health care insurance for family planning services? (Private insurance, Health Maintenance Organization (HMO), Managed Care Plan, Student Health Insurance, etc.) ☐ Yes ☐ No

Do we need to keep your family planning services confidential from your partner, spouse or parent? How may we contact you if we need to talk to you about something? *Confidentiality* ☐ Yes ☐ No

Provider Use Only—CODE

_____

First name	Middle name	Last name	Suffix (Jr., Sr.)

Is your current name the same as your name at birth? If no, print your name at birth below. ☐ Yes ☐ No

First name at birth	Middle name at birth	Last name at birth	Suffix (Jr., Sr.)

Number of live births	County of residence	*Provider Use Only*—CODE	Nine-digit ZIP code

Gender	*Provider Use Only*—CODE	Social security number	Mother's first name
☐ Male ☐ Female			

Date of birth (mm/dd/yyyy)	Place of birth (county, if California)	*Provider Use Only*—CODE	State (if not California)	*Provider Use Only*—CODE	Country (if not USA)	*Provider Use Only*—CODE
/ / _ _ _ _						

Race/ethnicity

1 ☐ Asian 2 ☐ Black 3 ☐ Filipino 4 ☐ Hispanic
5 ☐ Native American 6 ☐ Pacific Islander 7 ☐ White 0 ☐ Other

Primary Language

1 ☐ Armenian 2 ☐ Cantonese 3 ☐ English 4 ☐ Hmong 5 ☐ Khmer/Cambodian
6 ☐ Korean 7 ☐ Tagalog 8 ☐ Spanish 9 ☐ Vietnamese 0 ☐ Other

This information will be used to see if you are enrolled in any state health program. Information will also be used to monitor health outcomes and for program evaluation purposes. Your name will not be shared. Each individual has the right to review personal information maintained by the provider unless exempt under Article 8 of the Information Practices Act.

Complete eligibility information on reverse side.

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Figure 1. Health Access Programs Family PACT Program Client Eligibility Certification Form.

Eligibility Determination: Please list all family members (self, spouse, and children) living in your household and supported by
the family income. List the source of any earned or unearned income and the amount of income, including income from employment, self-employment, tips, commissions, pensions, social security, child and/or spousal support, ongoing insurance payments, disability, Veterans Affairs, unemployment benefits, etc.

Name	Relationship to You	Age	Source of Income	Gross Monthly Income (Before taxes or deductions)
	(Self)			
Family size:			Total family income	$

I declare under penalty of perjury that the information I have given on this form is true, correct, and complete. I understand that the giving of false information may make me ineligible for this program.

Signature (or mark) of applicant	Date	Signature of witness to mark or interpreter	Date

FOR PROVIDER USE ONLY

Provider certification: ☐ Eligible for Family PACT Program
☐ Ineligible for Family PACT Program (Give applicant Fair Hearing Rights.)

Medi-Cal client eligible for Family PACT verified: ☐ Limited scope ☐ Unmet share-of-cost

Based upon the information provided by the applicant and according to state and federal requirements, I certify that the applicant identified on this Client Eligibility Certification is eligible to receive family planning services under the Family PACT Program. If ineligible, the client has received a copy of this form which includes the Fair Hearing Rights.

Print name	Signature	Date

Annual Certification: If client is decertified (no longer eligible)	Date	Reason code (see Provider Manual)

Fair Hearing Rights

Any applicant for, or recipient of, services under the Family PACT Program has a right to a hearing conducted by the Department of Health Services regarding eligibility or receipt of services. An applicant or recipient does not have a right to contest changes made to the eligibility standards or benefits of the Family PACT Program.

First level review: If you wish to appeal either your denial of eligibility or receipt of services, please send your name, telephone number, address, and reason why you are requesting a review to the **First Level Review address** below. A request for a first level review must be postmarked within 20 working days of the denial of eligibility or services. The Office of Family Planning may request additional information by telephone or in writing from the provider or the applicant before issuing a decision.

Formal hearing: You may appeal the decision of the first level review within five working days of your receipt of the decision of the first level review by sending your name, telephone number, address and reason for the appeal to the **Formal Hearing address** below. At the hearing, you may be represented by a friend, relative, lawyer, or other person of your choice. A representative of the provider will be present to explain the reasons for denying eligibility. If you want an interpreter provided at the hearing, please specify the language in your letter requesting a hearing.

First Level Review

Office of Family Planning
Department of Health Services
714 P Street, Room 440
P.O. Box 942732
Sacramento, CA 94234-7320

Formal Hearing

Office of Administrative Hearings and Appeals
Department of Health Services
714 P Street, Room 1216
P.O. Box 942732
Sacramento, CA 94234-7320

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Figure 2. Health Access Programs Family PACT Program Client Eligibility Certification Form. (Reverse Side).

Client Eligibility Certification Codes

The Client Eligibility Certification Codes are used to complete specific items on the certification form. Entering the corresponding code is necessary when activating eligibility, updating HAP records or re-certifying client eligibility.

Family PACT Program
Client Eligibility Certification Codes

County/State/Country Codes

CALIFORNIA COUNTY		CALIFORNIA COUNTY		STATES		STATES		COUNTRY	
Alameda	01	Sacramento	34	Colorado	06	Rhode Island	39	Germany	17
Alpine	02	San Benito	35	Connecticut	07	South Carolina	40	Great Britain	18
Amador	03	San Bernardino	36	Delaware	08	South Dakota	41	Guam	19
Butte	04	San Diego	37	Florida	09	Tennessee	42	Guatemala	20
Calaveras	05	San Francisco	38	Georgia	10	Texas	43	Guyana	21
Colusa	06	San Joaquin	39	Hawaii	11	Utah	44	Honduras	22
Contra Costa	07	San Luis Obispo	40	Idaho	12	Vermont	45	India	23
Del Norte	08	San Mateo	41	Illinois	13	Virginia	46	Japan	24
El Dorado	09	Santa Barbara	42	Indiana	14	Washington	47	North Korea	25
Fresno	10	Santa Clara	43	Iowa	15	West Virginia	48	South Korea	26
Glenn	11	Santa Cruz	44	Kansas	16	Wisconsin	49	Laos	27
Humboldt	12	Shasta	45	Kentucky	17	Wyoming	50	Mexico	28
Imperial	13	Sierra	46	Louisiana	18	District of Columbia	51	Nicaragua	29
Inyo	14	Siskiyou	47	Maine	19	Unknown	99	Panama	30
Kern	15	Solano	48	Maryland	20			Paraguay	31
Kings	16	Sonoma	49	Massachusetts	21			Peru	32
Lake	17	Stanislaus	50	Michigan	22	**COUNTRY**		Philippines	33
Lassen	18	Sutter	51	Minnesota	23	Aleutian Islands	01	Puerto Rico	34
Los Angeles	19	Tehema	52	Mississippi	24	Argentina	02	Russia	35
Madera	20	Trinity	53	Missouri	25	Belize	03	Samoa	36
Marin	21	Tulare	54	Montana	26	Bolivia	04	Spain	37
Mariposa	22	Tuolomne	55	Nebraska	27	Brazil	05	Surinam	38
Mendocino	23	Ventura	56	Nevada	28	Cambodia	06	Thailand	39
Merced	24	Yolo	57	New Hampshire	29	Canada	07	Uruguay	40
Modoc	25	Yuba	58	New Jersey	30	Chile	08	Venezuela	41
Mono	26	Unknown	99	New Mexico	31	China	09	Vietnam	42
Monterey	27			New York	32	Columbia	10	Virgin Islands	43
Napa	28	**STATES**		North Carolina	33	Costa Rica	11	Other	99
Nevada	29	Alabama	01	North Dakota	34	Cuba	12		
Orange	30	Alaska	02	Ohio	35	Ecuador	13		
Placer	31	Arizona	03	Oklahoma	36	El Salvador	14		
Plumas	32	Arkansas	04	Oregon	37	France	15		
Riverside	33	California	05	Pennsylvania	38	French Guiana	16		

Gender	Male (M) = 1 Female (F) = 2	Yes (Y) = 1 No (N) = 2

Deactivation Codes:	01	Not resident of California
	02	Over 200 percent of the federal poverty level
	03	Sterilized, no longer contracepting
	04	Health Insurance Coverage for Family Planning Services
	05	Full Scope Medi-Cal (does not have an unmet Share of Cost)
	06	Permanent Deactivation of HAP Card (Lost/stolen)

Client Eligibility Certification Codes.